

# KingCare<sup>SM</sup> (Regence)

## Benefits at a Glance 2013



**King County**

Benefits, Payroll and  
Retirement Operations

Plan Feature	KingCare <sup>SM</sup> Gold	KingCare <sup>SM</sup> Silver	KingCare <sup>SM</sup> Bronze
<i>Provider choice</i>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&amp;C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
<i>Annual deductible</i>	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$600/person; \$1,800/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$800/person; \$2,400/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>
<i>Copays</i>	Applicable only to emergency room care and prescription drugs		
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	<p>Network: 85% (You pay 15% coinsurance)</p> <p>Out-of-network: 65% (You pay 35% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 75% (You pay 25% coinsurance)</p> <p>Out-of-network: 55% (You pay 45% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 75% (You pay 25% coinsurance)</p> <p>Out-of-network: 55% (You pay 45% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>
<i>Annual out-of-pocket maximum for medical services</i>	<p>Network: \$800/person or \$1,600/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/ person or \$2,000/ family, plus deductible</p> <p>Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,200/ person or \$2,400/ family, plus deductible</p> <p>Out-of-network: \$2,000/person or \$4,000/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>
<i>Annual out-of-pocket maximum for prescription drugs</i>	\$1,500/person or \$3,000/family		

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<i>After you reach the out-of-pocket maximum for medical services, most benefits are paid for the rest of the calendar year at this level</i>	Network: 100% Out-of-network: 100% of R&C charges		
<i>Lifetime maximum</i>	No limit		

Covered Expenses	KingCare <sup>SM</sup> Gold	KingCare <sup>SM</sup> Silver	KingCare <sup>SM</sup> Bronze
<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 85% Out-of-network: 65% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<i>Ambulance services</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 85% Out-of-network: 65% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 85% when prescribed by your physician Out-of-network: 65% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs		

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<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 85% Out-of-network: 65% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more
<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network: 85% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 85% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 65% after \$100 copay/visit Non-emergency care, out-of-network: 65% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 55% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 55% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit
<i>Family planning</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Growth hormones</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		
<i>Hospice care</i>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		
<i>Hospital care</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized

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<i>Infertility</i>	Network: 85% Out-of-network: 65% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<i>Injury to teeth</i>	Network: 85% Out-of-network: 65% Up to \$600/accident for combined network and out-of-network services	Network: 75% Out-of-network: 55% Up to \$600/accident for combined network and out-of-network services	Network: 75% Out-of-network: 55% Up to \$600/accident for combined network and out-of-network services
<i>Inpatient care alternatives</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Lab, X-ray and other diagnostic testing</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Maternity care</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Mental health care (requires preauthorization)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Naturopathy</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Neurodevelopmental therapy for covered dependents age 6 and under</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized Limited to 60 visits/year and up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Limited to 60 visits/year and up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Limited to 60 visits/year and up to \$2,000/year for combined network and out-of-network services

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<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 85% when preauthorized and medically necessary Out-of-network: 65% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Same coverage as when home, through Regence and Express Scripts national provider networks. Subject to same gold, silver and bronze coinsurance rates and payment at reasonable and customary rates.		
<i>Phenylketonuria (PKU) formula</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Physician and other medical/surgical services</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Prescription drugs—Up to a 30-day supply through network pharmacies</i>	Generic: 100% after \$7 copay Preferred brand: 100% after \$30 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$22 copay) Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$45 copay) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.		
<i>Prescription drugs—Up to a 90-day supply through mail-order network only</i>	Generic: 100% after \$14 copay Preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$44 copay) Non-preferred brand: 100% after \$120 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$90 copay)		
<i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i>	Network: 100% Out-of-network: 65% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply
<i>Radiation therapy, chemotherapy and respiratory therapy</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

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<b><i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i></b>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<b><i>Rehabilitative services—Inpatient and outpatient</i></b>	Network: 85% Out-of-network: 65% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)
<b><i>Skilled nursing facility</i></b>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<b><i>Smoking cessation</i></b>	Network: 100% Out-of-network: 65% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.
<b><i>Temporomandibular joint (TMJ) disorders</i></b>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services

Covered Expenses	KingCare <sup>SM</sup> Gold	KingCare <sup>SM</sup> Silver	KingCare <sup>SM</sup> Bronze
<i>Transplants (certain services only)</i>	<p>Network: 100% when preauthorized</p> <p>Out-of-network: 65% when preauthorized</p> <p>Medical coverage must have been continuous for more than 12 months under KingCare<sup>SM</sup> before a transplant will be covered.</p>	<p>Network: 100% when preauthorized</p> <p>Out-of-network: 55% when preauthorized</p> <p>Medical coverage must have been continuous for more than 12 months under KingCare<sup>SM</sup> before a transplant will be covered.</p>	<p>Network: 100% when preauthorized</p> <p>Out-of-network: 55% when preauthorized</p> <p>Medical coverage must have been continuous for more than 12 months under KingCare<sup>SM</sup> before a transplant will be covered.</p>
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	<p>Network: 85%</p> <p>Out-of-network: 65%</p>	<p>Network: 75%</p> <p>Out-of-network: 55%</p>	<p>Network: 75%</p> <p>Out-of-network: 55%</p>